



Public Health
Prevent. Promote. Protect.

TOWN OF ACTON

Application to operate a Recreational Camp

Health Dept. Phone: 978-929-6632

www.acton-ma.gov

www.health@acton-ma.gov



No. _____

Total: _____

Number of Campers per season: ~1500 (150-200 per Week)

Number of Staff per season 30-40

Fee: \$650
all #
2474

Name of Camp: Teamworks Acton

Site Address: 30 Great Rd Acton, MA 01720

Site Telephone: 978-287-5533

Website: WWW.Teamworksacton.com

Name of Camp Owner: Tom Moore

Office Address: 30 Great Rd Acton, MA 01720

Telephone Number: 978-287-0212

Name of Camp Operator: Kris Wallis

Address: 30 Great Rd Acton, MA

Telephone: 413-896-9319

E-mail: kwallis@TWcenters.com

Type of Camp: Day: X Residential: _____

Hours of Operation: 8am - 6pm

Dates of Operation: Opening: 6/6/16 Closing: 9/2/16

Swimming Pool: Yes: X Pool Permit Number: _____ No: _____

Meals Provided: Yes: X Food Permit Number: 48/16 No: _____

Signature of Applicant: [Signature]

Title: General Manager

Date: 4/12/2016

Camp Director

Name: Jennifer Koerten

Age: 27

Certification in camping administration: N/A

Previous camp administration experience: Assistant Camp Director at Teamwork Acton in 2012, 2013, 2014 ; Camp Director in 2015

Health Care Consultant

Name: _____

Type of License: _____

MA License Number: _____

Telephone: _____

Email: _____

Health Supervisor

Name: Jennifer Koerten

Age: 27

Type of Medical License, Registration or Training: First Aid + CPR Certification

Aquatics Director

Name: N/A

Age: _____

Lifeguard Certification issued by: _____

Expiration Date: : _____

American Cross CPR Certification: : _____

Expiration Date: : _____

American First Aid Certification: : _____

Expiration Date: : _____

Previous aquatics supervisory experience: _____

Firearms Instructor

Name: N/A

National Rifle Association Instructor's Card (or equivalent): _____

Date certified: _____

Expiration: _____

Horseback Riding Instructor

Name: N/A

License Number: _____

Expiration date: _____

Stable

Location: N/A

Licensed in accordance with MGL Ch.111 § 155, 158: Yes _____ No _____

Required Documents

See the MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV – 105 CMR 430.000 and the guidance documents issued by the Department of Public Health, Division of Community Sanitation for additional assistance with developing the following documents.

1. Staff information forms – (i.e. Orientation Plan describing camps plan of orientation, which includes camp philosophy, organization, policies and procedures)
2. Procedures for the background review of staff (105 CMR 430.090)
3. Copy of promotional literature (105 CMR 430.190 (C))
4. Prevention/Reporting Procedures for reporting suspected child abuse or neglect (105 CMR 430.093)
5. Health care policy (105 CMR 430.159 (B))
6. Discipline policy (105 CMR 430.191)
7. Fire evacuation plan – approved by local fire department (105 CMR 430.210 (A))
8. Disaster plan (105 CMR 430.210 (B))
9. Lost camper plan (105 CMR 430.210 (C))
10. Lost swimmer plan (105 CMR 430.210 (C))
11. Traffic control plan (105 CMR 430.210 (D))
12. Day camps – contingency plan (105 CMR 430.211)
13. Primitive, Trip or Travel Camps – Written itinerary, including sources of emergency care and contingency plans (105 CMR 430.212)
14. Current certificate of occupancy from local building inspector (105 CMR 430.451)
15. Written statement of compliance from the local fire department (105 CMR 430.215)

Recreational Camp Application Fees

All applicants are required to submit the following fees along with the Recreational Camp application

Site Permit	\$60.00
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Plus one of the following:

Operations Permit up to 50 campers	\$155.00
Operation Permit 51 – 200 campers	\$275.00
Operation Permit 200 + campers	\$400.00

Plus one of the following:

High Risk Activities(includes horseback riding, hiking, scuba diving, rock climbing, firearms, canoeing and aquatic events)	\$105.00
Low Risk Activities (includes all over activities not covered above)	\$60.00